Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

rs on this form as it may be made public

DLN: 93493204010058 OMB No 1545-0047

Open to Public

	Iouiidacions)
Department of the Treasury Internal Revenue Service	Do not enter social security numbe ▶ Information about Form 990 and it

Print/Type preparer's name ERIC M BARNETT

s instructions is at <u>www IRS gov/form990</u> Inspection For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017 C Name of organization PACIFIC RESEARCH INSTITUTE FOR D Employer identification number **B** Check if applicable ☐ Address change PUBLIC POLICY 94-2528433 □ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 101 MONTGOMERY STREET NO 1300 ☐ Amended return □ Application pending (415) 989-0833 City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA $\,$ 94104 G Gross receipts \$ 5.010,059 Name and address of principal officer H(a) Is this a group return for SARA C PIPES □Yes **V**No subordinates? 101 MONTGOMERY STREET NO 1300 H(b) Are all subordinates SAN FRANCISCO, CA 94104 ☐ Yes ☐No included? Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW PACIFICRESEARCH ORG L Year of formation 1978 M State of legal domicile CA K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ 1 Briefly describe the organization's mission or most significant activities CHAMPIONS FREEDOM, OPPORTUNITY AND RESPONSIBILITY BY ADVANCING FREE-MARKET POLICY SOLUTIONS Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 15 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 13 0 Total number of volunteers (estimate if necessary) . . . 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** 5,008,538 8 Contributions and grants (Part VIII, line 1h) . 4,715,851 **9** Program service revenue (Part VIII, line 2g) . . . 70,785 194,765 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -141,577 -194,459 4,937,746 4,716,157 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,341,673 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . **14** Benefits paid to or for members (Part IX, column (A), line 4) . . 1,485,036 1,667,432 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶1,163,162 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 2,066,394 2,330,440 3,551,430 6,339,545 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -1,623,388 19 Revenue less expenses Subtract line 18 from line 12 . 1,386,316 Assets or d Balances Beginning of Current Year **End of Year** 14,897,139 13,504,129 20 Total assets (Part X, line 16) . 181,031 21 Total liabilities (Part X, line 26) 160.957 13,323,098 14,736,182 22 Net assets or fund balances Subtract line 21 from line 20 . Part III Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2018-07-23 Signature of officer Sian Here SARA C PIPES PRESIDENT & CEO Type or print name and title

Paid self-employed Firm's name NOVOGRADAC & COMPANY LLP Firm's EIN > 94-3108253 **Preparer** Firm's address ≥ 2033 N MAIN STREET Phone no (925) 949-4300 Use Only WALNUT CREEK, CA 94596 May the IRS discuss this return with the preparer shown above? (see instructions) . ✓ Yes 🗆 No For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2017) Cat No 11282Y

Date

PTIN

P01433887

Check | If

Preparer's signature ERIC M BARNETT

Form	990 (20	017)					Page 2
Par	t III	Statement of	of Program Servic	e Accomplis	hments		
		Check If Sched	ule O contains a respo	onse or note to a	any line in this Part III		🗹
1	Briefly	describe the or	ganızatıon's mıssıon				
PROV	/IDES PF ITINUED	RACTICAL SOLU ON SCHEDULE	TIONS FOR THE POLICE O) FREE MARKET IS I	CY ISSUES THA ⁻ MORE EFFECTIV	Γ IMPACT THE DAILY LI	CING FREE-MARKET POLICY SOLU IVES OF ALL AMERICANS AND DEN ENT AT PROVIDING THE IMPORTA ST ECONOMY	ONSTRATES WHY THE
	Did the	e organization u	indertake any significa	int program serv	vices during the year w	hich were not listed on	
	the pri	or Form 990 or	990-EZ?				🗌 Yes 🗹 No
	If "Yes	," describe thes	se new services on Sch	nedule O			
3	Did the	e organization c	ease conducting, or m	ake significant o	changes in how it cond	ucts, any program	
	service	es ⁷					🗌 Yes 🗹 No
	If "Yes	," describe thes	e changes on Schedul	e O			
4	Section	n 501(c)(3) and		ons are required	to report the amount of	largest program services, as meas of grants and allocations to others,	
4a	(Code) (Expenses \$	850,073	including grants of \$) (Revenue \$)
	See Add	ditional Data					
4b	(Code) (Expenses \$	321,375	including grants of \$) (Revenue \$)
	See Add	ditional Data		· 			<u>, </u>
4c	(Code) (Expenses \$	2,739,362	including grants of \$	2,341,673) (Revenue \$)
	See Add	ditional Data					·
	(Code) (Expenses \$	291,149	including grants of \$) (Revenue \$)
4d		program convic	es (Describe in Schedi	رام مار			
4d				•			
4d	(Exper	nses \$		uding grants of 4,201,9	•) (Revenue \$)

Yes

Yes

1

2

3

4

5

6

7

R

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14h

15

16

17

18

19

Yes

Yes

Yes

Yes

Page 3

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

Nο

Νo

Nο

No

Nο

No

Nο

Νo

Nο

Form **990** (2017)

Part IV Checklist of Required Schedules

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . .

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

for public office? If "Yes," complete Schedule C, Part I 👺 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒 . Did the organization maintain collections of works of art, historical treasures, or other similar assets? Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian

for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

29

Page 4

Part IV Checklist of Required Schedules (continued) Yes

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees If "Yes,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

20a

Yes

Yes

20b

21

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Form 990 (2017)

No

Νo Νo

Nο

Νo

Nο

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

orm '	990 (2017)				Page .
Par	t V Statements Regarding Other IRS Filings and Tax Compliance				_
	Check if Schedule O contains a response or note to any line in this Part V $$.		٠,		
_	5	1 20		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a				
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b				
	Did the organization comply with backup withholding rules for reportable payments to vendor (gambling) winnings to prize winners?	s and reportable gaming	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by				
	this return	13			
b	If at least one is reported on line 2a, did the organization file all required federal employment		2b	Yes	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see institute organization have unrelated business gross income of \$1,000 or more during the year	, l	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Si	1	3b		NO
	At any time during the calendar year, did the organization have an interest in, or a signature	1			
та	financial account in a foreign country (such as a bank account, securities account, or other fir		4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Final	ancial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the ta:	y vear?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	· '			No
		er transaction.	5b		140
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such conditions and deductible?	ontributions or gifts were	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and payor provided to the payor	artly for goods and services • •	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for where S282?	nich it was required to file	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben	efit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organizati				
9	required?	•	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the	organization file a Form			
_	1098-C?		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business ho the year?	oldings at any time during	8		
0-	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or a donor advisor, or related personal transfer or a donor advisor.	• •	9b		
	Section 501(c)(7) organizations. Enter	30117	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a	.1			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
	Section 501(c)(12) organizations. Enter	<u>' </u>			
	Gross income from members or shareholders	.1			
	Gross income from other sources (Do not net amounts due or paid to other sources	'			
D	against amounts due or received from them)	•			
22	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lieu of Form 10/12	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		124		
U	12b	·			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See additional information the organization must report on Schedule O	the instructions for	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	,			
С	Enter the amount of reserves on hand	:			
_	Did the organization receive any payments for indoor tanning services during the tax year? .		14a		No
.4a	The diffe organization receive any payments for mador tarming services during the tax year		144		

OHIII	330 (2017)			Page 0
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Na 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	nes
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11	;		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1:			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisio of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
_	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		163	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
	AL , AK , AR , CA , CO , CT , DC , FL , GA , MD , MA , MI , MN , MS , NV , NH , NJ , , OK , OR , PA , RI , SC , TN , UT , VA , W	NM , NY	, NC , N	
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website 🗹 Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20	policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records PROFILE RESEARCH INSTITUTE: 101 MONTEOMERY STREET SHAFE 1200 CAN ERANGISCO CA 04104 (415) 000 000	,		
	▶PACIFIC RESEARCH INSTITUTE 101 MONTGOMERY STREET SUITE 1300 SAN FRANCISCO, CA 94104 (415) 989-083			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

- year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

of reportable compensation from the organization					pens	sateu	emp	ployees who receive	ed more than \$100	1,000
 List all of the organization's former director organization, more than \$10,000 of reportable control List persons in the following order individual trust 	ompensation fro stees or director	m the	organ	ızatı	ion a	and ar	ny re	elated organizations	5	
compensated employees, and former such person				n						
Check this box if neither the organization no (A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position that pers	n (do an on on is	(C) o not e bo both ecto) t che ox, u n an or/tri		ore er	(D)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) KATHERINE H ALDEN BOARD MEMBER	1 00	X						0	0	0
(2) PETER C FARRELL PHD BOARD MEMBER	1 00	Х						0	0	0
(3) CLARK S JUDGE CHAIRMAN	1 00	х		х				0	0	0
(4) DANIEL M KOLKEY BOARD MEMBER	1 00	Х						0	0	0
(5) THOMAS C MAGOWAN BOARD MEMBER	1 00	X						0	0	0
(6) DANIEL OLIVER CHAIRMAN EMERITUS	1 00	X						0	0	0
(7) RICHARD A WALLACE BOARD MEMBER	1 00	х						0	0	0
(8) CHRISTOPHER WRIGHT BOARD MEMBER	1 00	X						0	0	0
(9) CHRISTOPHER COX BOARD MEMBER	1 00	×						0	0	0
(10) SANDRA E GALE BOARD MEMBER	1 00	X						0	0	0
(11) SALLY A STEGEMAN VICE PRESIDENT - DEVELOPME	40 00	х		х				188,100	0	11,900
(12) RUSSELL A JOHNSON BOARD MEMBER	1 00	X						0	0	0
	1.00									

1 00 (13) SEAN M MCAVOY Χ 0 **BOARD SECRETARY-TREASURER** 40 00 (14) SARA C PIPES Х 366,402 Х 0 16.492 PRESIDENT & CEO 1 00 (15) STEVEN DENNIS Х 0 0 BOARD MEMBER 1 00 (16) LAWRENCE J SISKIND BOARD MEMBER

Form 990 (2017) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated

	hours per week (list any hours	ıs b	an one box, unless person is both an officer and a director/trustee)					compensation from the organization (W-	compensation from related organizations (W-	amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b Sub-Total	art VII. Sectio	n Δ				>				

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,0 of reportable compensation from the organization ► 3

٠.	otal from Continuation Sheets to Fart 122/ Section A 1 1 1 1			
d 1	Total (add lines 1b and 1c)	0		42,232
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 3			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on			

32 line 1a? If "Yes," complete Schedule J for such individual . . . 3 Νo

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Yes 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

services rendered to the organization? If "Yes," complete Schedule J for such person . 5 Nο

Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) (B) (C) Name and business address Description of services Compensation

PUBLIC RELATIONS 448,930

KEYBRIDGE COMMUNICATIONS LLC 17722-A WISCONSIN AVE NW 21 WASHINGTON, DC 20007 WAYNE WINEGUARDEN CONSULTING 2350 DUNBAR LANE

123,500 FALLS CHURCH, VA 22046 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 2

Part	/III Statement of Revenue						
	Check if Schedule O contains	a respor	nse or note to any	line in this Part VIII			<u> </u>
				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaigns	1a			revenue		512-514
ons, Gifts, Grants Similar Amounts	b Membership dues	1b					
Gra nou	c Fundraising events	1c	641,428				
Š.(d Related organizations	1d	· · ·				
ia Tar	e Government grants (contributions)	1e					
S.E	f All other contributions, gifts, grants,	1					
Contributions, Giffs, Grants and Other Similar Amounts	and similar amounts not included above	1f	4,074,423				
퍨	g Noncash contributions included						
Contributic and Other	ın lınes 1a-1f \$						
<u>ة</u> ك	h Total.Add lines 1a-1f		<u> </u>	4,715,851			
E E	1 -		Business	Code			
15.4s	Σa 	_					
oŽ T	b ————————————————————————————————————						
٦	c ————————————————————————————————————						
32	d ————————————————————————————————————						
ıran	f All other program service revenue						
Program Service Revenue	9Total. Add lines 2a-2f						
	3 Investment income (including divid		terest, and other	1			<u> </u>
	sımılar amounts)		•	194,765	5		194,765
	4 Income from investment of tax-exe	-					2 101
	5 Royalties		(u) Boroonal	2,181			2,181
	(1) Rea	<u> </u>	(II) Personal	-			
	b Less rental expenses						
	c Rental income or			1			
	(loss)			_			
	d Net rental income or (loss)		· · ▶				
	7a Gross amount	lies	(II) Other	-			
	from sales of assets other						
	than inventory						
	b Less cost or other basis and						
	sales expenses			-			
	C Gain or (loss) d Net gain or (loss)		•	<u></u>			
	8a Gross income from fundraising evi	ents [
an	(not including \$641,428 contributions reported on line 1c)	of					
₹	See Part IV, line 18	. a	97,217				
Other Revenue	b Less direct expenses	ь	293,902]			
er	c Net income or (loss) from fundrais	_	nts ▶	-196,685	5		-196,685
₹	9a Gross income from gaming activit See Part IV, line 19	ies					
		a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming	activitie	es >	-			
	10aGross sales of inventory, less returns and allowances						
		a					
	b Less cost of goods sold	b		_			
ŀ	C Net income or (loss) from sales of Miscellaneous Revenue	invento					
	11aOTHER INCOME		Business Code 541700		5 45	5	
	OTTEN INCOME						
	b						
	с				1		
	d All other revenue	+		1	+		
	e Total. Add lines 11a-11d		•				
	12 Total revenue. See Instructions		🛌	45			
				4,716,157	7 45	5	0 261 Form 990 (2017)

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	nizations must comp	olete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,341,673	2,341,673		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	807,894	180,232	332,753	294,909
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	685,130	342,565	157,580	184,985
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	89,659	22,678	38,112	28,869
10 Payroll taxes	84,749	22,880	30,776	31,093
11 Fees for services (non-employees)				
a Management				
b Legal	83,553	24,245	59,293	15
c Accounting	35,000	9,556	12,038	13,406
d Lobbying				

476,678

389,631

195,789

15,819

192,722

149,100

28,210

17,775

200,000

189,416

168,258

71,002

117,487

6,339,545

340,275

389,467

8,753

4,315

46,602

91,087

14,916

200,000

128,018

3,980

30,145

4,201,959

572

36,924

164

5,905

5,805

80,960

24,317

6,699

9,041

0

6,565

31,546

28,177

107,769

974,424

99,479

181,131

5,699

65,160

33,696

6,595

8,734

n

54,833

132,732

12,680

9,146

1,163,162

Form 990 (2017)

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .19 Conferences, conventions, and meetings . . .

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e
 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation
 Check here ► ☐ if following SOP 98-2 (ASC 958-720)

12 Advertising and promotion .13 Office expenses

14 Information technology

20 Interest

21 Payments to affiliates . . .

expenses on Schedule O)

b PUBLICATION PRODUCTION

a BAD DEBT EXPENSE

22 Depreciation, depletion, and amortization

15 Royalties .

17 Travel .

16 Occupancy .

23 Insurance .

c EVENTS

d GRAPHICS

e All other expenses

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

(B)

6

7

8

9

10c

11 12

13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

34

71,405

19.816

73,700

14,897,139

160.957

160,957

9.023,351

5.712.831

14,736,182

14.897.139

7,101,128

Page **11**

81,038

21,029

28,519

13,504,129

181,031

181,031

10,035,981

3.287.117

13,323,098

13.504.129

Form **990** (2017)

7.017,347

Check if Schedule O contains a response or note to any line in this Part IX

Inventories for sale or use .

Less accumulated depreciation

Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightleftarrows and

Investments—program-related See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

basis Complete Part VI of Schedule D

Intangible assets

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

		beginning or year		Lind or year
1	Cash-non-interest-bearing	3,598,135	1	1,288,987
2	Savings and temporary cash investments	2,924,030	2	4,691,300
3	Pledges and grants receivable, net	1.026.518	3	320.000

82 407 4 55 909 Accounts receivable, net . . . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5

338,124

317,095

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . Assets Notes and loans receivable, net .

10a

10b

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

2a

2b

2c

3a

3b

Yes

Nο

Nο

Nο

Form 990 (2017)

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both

Separate basis

Audit Act and OMB Circular A-133?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Additional Data

Software ID:

Software Version:

EIN: 94-2528433

PUBLIC POLICY

Form 990 (2017)

Form 990, Part III, Line 4a:

Name: PACIFIC RESEARCH INSTITUTE FOR

THE CENTER FOR HEALTH CARE EXAMINES PUBLIC POLICIES THAT AFFECT AMERICA'S HEALTH-CARE SYSTEM, EXPLAINS HOW THESE POLICIES LIMIT ACCESS TO AFFORDABLE, HIGH-QUALITY HEALTH CARE, AND PRESCRIBES REFORMS THAT RELY ON MARKET-BASED SOLUTIONS

Form 990, Part III, Line 4b:

THROUGH RESEARCH AND GRASSROOTS OUTREACH, THE INSTITUTE'S SCHOLARS ADVANCE PARENTAL CHOICE IN EDUCATION, HIGH ACADEMIC STANDARDS, CHARTER

THE CENTER FOR EDUCATION WORKS TO RESTORE TO ALL PARENTS THE BASIC RIGHT TO CHOOSE THE BEST EDUCATIONAL OPPORTUNITIES FOR THEIR CHILDREN

SCHOOLS, TEACHER QUALITY, AND SCHOOL FINANCE REFORM

Form 990, Part III, Line 4c: THE LAFFER CENTER AT THE PACIFIC RESEARCH INSTITUTE PRODUCES ORIGINAL RESEARCH TO WEIGH IN ON THE ISSUES OF THE DAY AT THE STATE AND FEDERAL

LEVEL, AS WELL AS IMPORTANT GLOBAL ECONOMIC ISSUES, WITH A RIGOROUS EXAMINATION OF THE ROLE OF MARKET INCENTIVES IN PUBLIC POLICY. THIS PROGRAM

AND ITS RESTRICTED NET ASSETS WAS TRANSFERRED TO THE 1065 INSTITUTE. INC. IN 2017

efile GRAPHIC print - DO NOT PROCESS As					As Filed Data -			DLN: 93	DLN: 93493204010058		
SCHEDULE A (Form 990 or 990EZ)					Charity Statu rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) o empt charitable	organization or trust.	ort	2017		
•		the Treasury	► Info	ormation abou	ıt Schedule A (Form			ıctions is at	Open to Public Inspection		
Nam PACIF	e of th IC RESE	nue Service he organiza EARCH INSTITU			www.ns.g	<u> </u>		Employer identific	<u> </u>		
	C POLIC		for Bublic	Charity State	us (All organization	s must comple	to this part \ S	94-2528433			
					it is (For lines 1 thro	<u> </u>		bee mstructions.			
1		A church, c	onvention of	churches, or as	sociation of churches	described in sec t	tion 170(b)(1)	(A)(i).			
2	$\overline{\Box}$	A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))				
3					vice organization desc	•	• •				
4		A medical r	·	·	ed in conjunction with			•	nter the hospital's		
5		An organiza			t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descril	oed in section 170		
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).			
7	✓	section 17	0(b)(1)(A)	(vi). (Complete	•			init or from the genera	al public described in		
8			•		170(b)(1)(A)(vi)		,				
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a		
10		from activit	ies related to income and	its exempt fun unrelated busin	(1) more than 331/39 ctions—subject to cer ess taxable income (le implete Part III)	taın exceptions,	and (2) no more	than 331/3% of its su			
11		An organiza	ation organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).			
12		more public	ly supported:	organizations of	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	ction 509(a)(2). See <mark>section 509(a</mark>			
а		Type I. A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or compount or elect a major	ontrolled by its s	upported organiz	zation(s), typically by			
b		Type II. A manageme	supporting on nt of the sup	rganization sup porting organiza	ervised or controlled i ation vested in the sar						
c		Type III f	unctionally i		and C. supporting organizatio ons) You must com				ted with, its		
d		Type III n functionally	on-function integrated	ally integrate The organizatio	d. A supporting organi n generally must satis t IV, Sections A and	ization operated fy a distribution	in connection wi requirement and	th its supported organ			
e		Check this	box if the org	anızatıon receiv	ved a written determir	nation from the I		pe I, Type II, Type III	I functionally		
f	Enter			ion-functionally I organizations	integrated supporting	organization					
g			• • •	_	ipported organization(s)					
		Name of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
						Yes	No				
Tota			L' A N	: +l T-	nstructions for	Cat No 11285	<u> </u>	 Schedule A (Form 99			

Page 2

III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support

	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	(or fiscal year beginning in) ▶	, ,		` '	` ,		
1	Gifts, grants, contributions, and	6,611,623	4,600,448	4,886,633	4,485,380	4,074,423	24,658,507
	membership fees received (Do not include any "unusual grant")	0,011,023	4,000,440	4,000,033	4,463,360	4,074,423	24,030,307
_	Tax revenues levied for the						
2	organization's benefit and either paid						
	to or expended on its behalf						
•	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6,611,623	4,600,448	4,886,633	4,485,380	4,074,423	24,658,507
5	The portion of total contributions by	-,,	.,,,,,,,,	.,,,	.,,	1,701.1,100	,,
•	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						3,179,719
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						21,478,788
_							
_ 2	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	6,611,623	4,600,448	4,886,633	4,485,380	4,074,423	24,658,507
•		0,011,023	4,000,440	4,000,033	4,463,360	4,074,423	24,030,307
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and	14,336	7,210	15,315	70,785	194,765	302,411
	income from similar sources						
9	Net income from unrelated business						
7	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital	27,329	2,136	8,367	6,309	2,226	46,367
	assets (Evoluin in Bart VII.)	1 1	,	· 1	,	·	•

8	dividends, payments received on securities loans, rents, royalties and income from similar sources	14,336	7,210	15,315	70,785	194,765	302,411
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	27,329	2,136	8,367	6,309	2,226	46,367
11	Total support. Add lines 7 through					·	25 007 205

Total support. Add lines 7 through Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

25,007,285 12

Section C. Computation of Public Support Percentage

4	
5	

1

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2016 Schedule A, Part II, line 14 16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more

organization

instructions

supported organization

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

h 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

•				
5				
≘, c	heck	this	box	

Schedule A (Form 990 or 990-EZ) 2017

92 140 %

33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

85 890 %

▶☑

Р	art IIII Support Schedule for						
	(Complete only if you cl						er Part II. If
-	the organization fails to	qualify under	the tests listed	below, please co	omplete Part II.)	
36	ection A. Public Support Calendar year		Γ	I	I	I	
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
C.	from line 6) ection B. Total Support		1				
-	Calendar year			1	1	I	1
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
Ь	Unrelated business taxable income						
_	(less section 511 taxes) from						
	businesses acquired after June 30,						
_	1975						
11	Add lines 10a and 10b Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI)						
13							
	11, and 12)				1		L
14	First five years. If the Form 990 is for	r the organization	n's first, second, ti	nird, fourth, or fift	n tax year as a se	ection 501(c)(3) o	
_	check this box and stop here						▶⊔
	ection C. Computation of Public S Public support percentage for 2017 (lin			column (f))		1.4=1	
15		,		column (1))		15	
16	Public support percentage from 2016 S					16	
	ection D. Computation of Investr			line 12 (C	5//	1 4- 1	
17	Investment income percentage for 201	•	• • • • • • • • • • • • • • • • • • • •	iine 13, column (f	"))	17	
18	Investment income percentage from 20		•			18	
19a	33 1/3% support tests—2017. If the o	organization did i	not check the box	on line 14, and lir	ne 15 is more thar	n 33 1/3%, and lin	_
	more than 33 $1/3\%$, check this box and s	-					▶ □
b	33 1/3% support tests—2016. If the	e organization did	not check a box	on line 14 or line	19a, and line 16 is	more than 33 1/	
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	janization	▶ □
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	l9a, or 19b, check	this box and see	instructions	ightharpoons

Page 4

5b

5c

6

7

8

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2017

organization's organizing document?

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

6

7

8

10a

answer line 10b below

_			
		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the decignation. If historic and continuing relationship, explain	 	├

describe the designation If historic and continuing relationship, explain	1	Ι
Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
ın section 509(a)(1) or (2)	2	Ι

	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
_			$\overline{}$

	(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
•	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(R) numbers?		

	below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		·	
	checked 12a or 12b in Part I, answer (b) and (c) below			

	determination	3b	1	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support		1	

		4a		
b	he organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)		<u> </u>	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			

```
defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
                                                                                                                               9a
```

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (1) its supported organizations, (11) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

```
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
organization had an interest? If "Yes," provide detail in Part VI.
                                                                                                                                 9b
```

	leddie A (10111 990 01 990-LZ) 2017		F	age 3
Pa	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	Section B. Type I Supporting Organizations			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in P VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	art		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization			
	Carting C. Tong II Comparing Operations			
3	Section C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	s of	103	
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	Section D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	ın		
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in organization's investment policies and in directing the use of the organization's income or assets at all times during the year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard			
_	Section E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uctions)		
_	a The organization satisfied the Activities Test Complete line 2 below	,		
	b The organization is the parent of each of its supported organizations Complete line 3 below			
	c The organization supported a governmental entity Describe in Part VI how you supported a government entity is	see instru	ctions)	
			,	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	ed 2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization involvement	′s 2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI .	of 3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard</i>	3b		

Page **6**

Par 1	Type III Non-Functionally Integrated 509(a)(3) Supporting O	_		Doub VII Coo
-	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	tegrat	ed Type III supporting or	ganization (see

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

10 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017

(reasonable cause required-- explain in Part VI)

See instructions		
3 Excess distributions carryover, if any, to 2017		
a		
b From 2013		
c From 2014		
d From 2015		
e From 2016		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2017 distributable amount		
 Carryover from 2012 not applied (see instructions) 		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2017 from Section D, line 7		
<u> \$ </u>		
Applied to underdistributions of prior years		

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

Schedule A (Form 990 or 990-EZ) (2017)

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

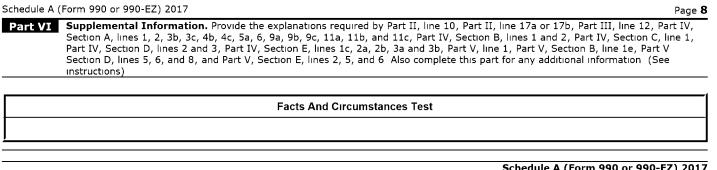
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

c Excess from 2015.

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.



SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493204010058

Department of the Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

EZ)

(Form 990 or 990-

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Open to Public Inspection

f the	Section 501(c)(3) organizations tha Section 501(c)(3) organizations tha corganization answered "Yes" or ky Tax) (see separate instruction Section 501(c)(4), (5), or (6) organization	n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s t have NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Tax s), then	ection 501(h)) Co ider section 501(h	mplete Part II-A Do not co)) Complete Part II-B Do	omplete Part II-B not complete Part II-A
PAC	ne of the organization IFIC RESEARCH INSTITUTE FOR LIC POLICY			Employer ider 94-2528433	ntification number
		nization is exempt under sectio	n 501(c) or is		zation.
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political can	npaign activities in	Part IV (see instructions	for definition of
2	Political campaign activity expend	litures (see instructions)		>	\$
3	Volunteer hours for political camp	paign activities (see instructions)			
Par	t I-B Complete if the orga	nization is exempt under sectio	n 501(c)(3).		
1	Enter the amount of any excise to	ax incurred by the organization under se	ection 4955	>	\$
2	Enter the amount of any excise to	ax incurred by organization managers ui	nder section 4955	>	\$
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for t	hıs year?		🗌 Yes 🔲 No
4a	Was a correction made?				☐ Yes ☐ No
	If "Yes," describe in Part IV				
	<u> </u>	nization is exempt under sectio).
1		led by the filing organization for section	•		\$
2	Enter the amount of the filing org function activities	anızatıon's funds contributed to other o	rganızatıons for se	ection 527 exempt	\$
3	Total exempt function expenditur	es Add lines 1 and 2 Enter here and or	Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file For	rm 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's funds olitical organization, such	Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
L					
2					
3					
1					
5					
5					
		l			1

If the amount on line 1e, column (a) or	(b) is: The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
0		
Over \$17,000,000	\$1,000,000	
Grassroots nontaxable amount (enter 25% o Subtract line 1g from line 1a If zero or less,	of line 1f)	
Grassroots nontaxable amount (enter 25% o	of line 1f)	

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) Total beginning in) Lobbying nontaxable amount 2a Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2017 Mailings to members, legislators, or the public?

Schedule C (Form 990 or 990-EZ) 2017

Part II-B

Volunteers?

Media advertisements?

Return Reference

PART II-B, LINE 1, LOBBYING

ACTIVITIES

activity

1

(b)

Amount

(a)

No

No

No

No

No

Yes

е	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes				9,500
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?		No			
j	Total Add lines 1c through 1i					9,500
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), c	r sect	ion		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."				5 01 (c)(6)
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
Ь	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
		1 4				
5	expenditure next year?	5				
5						

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

MEETINGS WITH CONGRESSIONAL MEMBERS ON ISSUES RELATED TO PRI'S PUBLIC POLICY RESEARCH

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Complete if the organization is exempt under section 501(c)(3) and has NOT filed

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

DLN: 93493204010058 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(Form 990)

▶ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** PACIFIC RESEARCH INSTITUTE FOR PUBLIC POLICY 94-2528433 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

Cat No 52283D

Schedule D (Form 990) 2017

Par	t III	Organizations Maintaining (Collections	of Art, His	torical Tr	reası	ires, or	Other	Similar A	ssets (cor	tinued)	
3		the organization's acquisition, acces (check all that apply)	sion, and othe	r records, ch	eck any of	the fo	llowing t	hat are a	significant	use of its co	llection	
а		Public exhibition d Loan or exchange programs										
b		Scholarly research			е 🗌	Othe	r					
С		Preservation for future generations										
4	Provide Part	de a description of the organization's	collections and	d explain hov	they furth	ner the	e organız	ation's ex	kempt purpo	ose in		
5		g the year, did the organization solic s to be sold to raise funds rather thar							nılar	☐ Yes		No
Pa	rt IV	Escrow and Custodial Arran Complete if the organization ar X, line 21.		s" on Form	990, Part	IV, lı	ne 9, or	reporte	ed an amo	unt on For	m 990,	Part
1a		e organization an agent, trustee, cust ded on Form 990, Part X?	odian or other	intermediary	for contril	bution	s or othe	r assets	not	Yes	□ r	No
ь	If "Υε	es," explain the arrangement in Part >	(III and compl	ete the follov	ving table		Γ			Amount		
С		ining balance	'		,		Ī	1c				_
d	_	ions during the year					İ	1d				_
е		butions during the year					ŀ	1e				_
f		ng balance					ŀ	1f				_
2a		ne organization include an amount on	Form 990 Pa	rt X line 21	for escrow	or cu	L stodial a	ccount lis	hility2			_
b		es," explain the arrangement in Part \times	•						,	☐ Yes	□ '	No
Pa	art V	Endowment Funds. Complete										
		·	(a)Curre		(b) Prior yea				(d)Three ye)Four yea	rs back
1 a	Beginn	ing of year balance										
b	Contrib	outions										
c	Net inv	estment earnings, gains, and losses										
d	Grants	or scholarships										
e		expenditures for facilities ograms										
f	Admını	strative expenses										
g	End of	year balance										
2	Provid	de the estimated percentage of the ci	urrent year en	d balance (lır	ne 1g, colui	mn (a)) held as	5				_
а	Board	d designated or quasi-endowment >										
Ь	Perm	anent endowment 🕨										
С	Temp	orarily restricted endowment >										
_	The p	percentages on lines 2a, 2b, and 2c sl	nould equal 10	0%								
3а		nere endowment funds not in the pos nization by	session of the	organization	that are h	eld an	d admini	stered fo	r the		Yes	No
	(i) ur	nrelated organizations								3a(i)	
b		elated organizations ess on 3a(ii), are the related organizat	tions listed as	· · · · required on s	 Schedule R	, .	• •			3a(ii . 3b)	
4		ribe in Part XIII the intended uses of									1	
Pa	rt VI	Land, Buildings, and Equipn	nent.									
		Complete if the organization ar			•							
	Descri		other basis tment)	(b) Cost or o	other basis (d	other)	(c) Accı	umulated o	lepreciation	(d)	Book valu	ne
1a	Land											
b	Buildin	gs				8,481			2,365			6,116
C	Leaseh	old improvements										
d	Equipn	nent			11	16,015			109,388			6,627
е	Other					13,628			205,342			8,286
Tat	-I Add	lines to through to (Column (d) mus	t agual Farm (100 D+ V -	alumn (B)	lina	10(0)		_	1		24 222

	See Form 990, Part X, line 12.	anızat					
	(a) Description of security or category (including name of security)		(b) Book value	C		od of valuation -year market value	
	al derivatives						
2) Closely- 3)Other	held equity interests	<u>·</u>					
4)							
3)							
()							
))							
≣)							
:)							
5)							
٦)							
otal. (Colum	in (b) must equal Form 990, Part X, col (B) line 12)	•					
art VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	90, P	art IV, lı	ne 11c. See	Form 990,	Part X, line 13.	
			ok value		(c) Metho	od of valuation -year market value	
L)					USE OF ENU-OF	real market value	
2)							
3)							
4)							
5)							
5)							
7)							
8)							
9)							
otal. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)						
otal. (Colum Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX		on Forr	n 990, Pa	rt IV, line 11d	i See Form 9	990, Part X, line 15 (b) Book	value
Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX 1)	Other Assets. Complete if the organization answered 'Yes' of	on Forn	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3)	Other Assets. Complete if the organization answered 'Yes' of	on For	n 990, Pa	rt IV, line 11d	1 See Form 9		value
2) 3) +)	Other Assets. Complete if the organization answered 'Yes' of	on Form	m 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (2) (3) (3) (4) (5) (4) (5) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Other Assets. Complete if the organization answered 'Yes' of	on Form	m 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3) (3) (4) (5) (5) (5) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Other Assets. Complete if the organization answered 'Yes' (a) Description		n 990, Pa		See Form 9		value
Part IX 2) 3) 4) 5) 7) otal. (Colu	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered 'Yes' (a) Description					(b) Book	value
Part IX 22) 33) 4) 55) 77) otal. (Colu	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description		es' on Fo			(b) Book	value
Part IX (2) (3) (3) (3) (4) (5) (5) (7) (5) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 2) 3) 4) 5) 6) 7) Part X - .) Federal	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 2) 3) 4) 5) 6) 7) Part X - .) Federal (2)	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX (a) (b) (b) (c) (c) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 2) 3) 4) 5) 6) 7) Part X 1) Federal (2)	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 2) 3) 4) 5) 6) 7) 6) 9) otal. (Columnation of the columnation of the col	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX (2) (3) (3) (4) (5) (5) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX (2) (3) (4) (5) (7) (6) (7) (7) (7) (8) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (5) (6) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 1) 2) 3) 4) 5) 7) otal. (Colu Part X	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 1) 2) 3) 4) 5) otal. (Colu Part X 1) Federal 1 2) 3) 7)	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements

Page 4

5,220,363

293,902

6,339,545

6.339.545

Schedule D (Form 990) 2017

1

293,902

2e

3

4c

5

Schedule D (Form 990) 2017

Subtract line 2e from line 1

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Supplemental Information

Add lines **4a** and **4b**

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Other (Describe in Part XIII) .

Add lines 2a through 2d . .

Return Reference

See Additional Data Table

Part XI

1

c

d

e 3

> b c

5

Part XIII

4

d 2d 293,902 Add lines 2a through 2d e 2e 504,206 3 4,716,157 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b . 4a b Other (Describe in Part XIII) 4h 40 c

5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

4,716,157 1 6,633,447 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . . 2a

2b

2c

2d

4a 4h

Explanation

Page 5		Schedule D (Form 990) 2017		
	ormation (continued)	Part XIII Supplemental Info		
	Explanation	Return Reference		

Schedule D (Form 990) 2017

Additional Data

Software Version:

Software ID:

EIN: 94-2528433 Name: PACIFIC RESEARCH INSTITUTE FOR

PUBLIC POLICY

Supplemental Information Return Reference

PART X, LINE 2

THE INSTITUTE IS A QUALIFIED ORGANIZATION EXEMPT FROM FEDERAL AND CALIFORNIA INCOME TAXES

NANCIAL STATEMENTS

UNDER INTERNAL REVENUE CODE (IRC) SECTIONS 501 (C) (3) AND THE CALIFORNIA REVENUE AND TAXA TION CODE SECTION 23701D, RESPECTIVELY THE PREPARATION OF FINANCIAL STATEMENTS IN ACCORDA

Explanation

ST OR PENALTIES FROM FEDERAL OR STATE TAX AUTHORITIES WERE RECORDED IN THE ACCOMPANYING FI

NCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRES THE INSTITUTE TO REPORT INFORMATION REGARDING ITS EXPOSURE TO VARIOUS TAX POSITIONS TAKEN BY THE INSTITUTE THE INSTITUTE HAS DETERMINED WHETHER ANY TAX POSITIONS HAVE MET THE REC OGNITION THRESHOLD AND HAVE MEASURED THE INSTITUTE'S EXPOSURE TO THOSE TAX POSITIONS MANA GEMENT BELIEVES THAT THE INSTITUTE HAS ADEQUATELY ADDRESSED ALL RELEVANT TAX POSITIONS AND THAT THERE ARE NO UNRECORDED TAX LIABILITIES. FEDERAL AND STATE TAX AUTHORITIES GENERALLY HAVE THE RIGHT TO EXAMINE AND AUDIT THE PREVIOUS FOUR YEARS OF TAX RETURNS FILED ANY INT EREST OR PENALTIES ASSESSED TO THE INSTITUTE ARE RECORDED IN OPERATING EXPENSES NO INTERE

Supplemental Information					
Return Reference	Explanation				
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES 293,902				

Sı

_

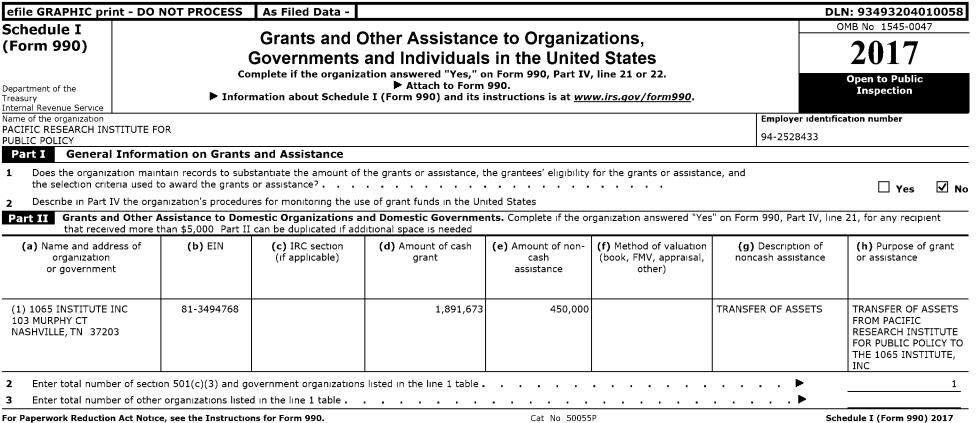
upplemental Information					
Return Reference	Explanation				
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES 293,902				

Sı

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493204010058 OMB No 1545-0047 SCHEDULE G Supplemental Information Regarding (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. **Employer identification number** Name of the organization PACIFIC RESEARCH INSTITUTE FOR PUBLIC POLICY 94-2528433 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017

Sche	edule G (Form 990 or 990-EZ) 2017				Page 2
Pa	rt II Fundraising Events. Complethan \$15,000 of fundraising egross receipts greater than \$5	vent contributions and			
	gross receipts greater than \$.	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		ANNUAL GALA DINNER	THATCHER DINNER (event type)	3 (total number)	(add col (a) through col (c))
a)		(event type)			
Revenue					
Rev					
	1 Gross receipts	608,283	114,350	16,012	738,645
	2 Less Contributions	533,864	93,930	13,634	641,428
	line 2)	74,419	20,420	2,378	97,217
	4 Cash prizes				
ses	6 Rent/facility costs				
ben	7 Food and beverages				
Direct Expenses	8 Entertainment				
Dire	9 Other direct expenses	141,807	150,366	1,729	293,902
	10 Direct expense summary Add lines 4 t	through 9 in column (d)			293,902
	11 Net income summary Subtract line 10	from line 3, column (d)		•	-196,685
Pai	on Form 990-EZ, line 6a.	anızatıon answered "Ye	es" on Form 990, Part I	V, line 19, or reported	more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Expenses	2 Cash prizes				
ă	3 Noncash prizes				
ed E	4 Rent/facility costs				
٥	5 Other direct expenses				
		☐ Yes%	☐ Yes%	☐ Yes %	
	6 Volunteer labor	□ No	☐ No	☐ No	
	7 Direct expense summary Add lines 2 t	through 5 in column (d)		•	
	8 Net gaming income summary Subtrac	t line 7 from line 1, colum	n (d)	•	_
9	Enter the state(s) in which the organizati	on conducts gaming activ	ities		
a b	Is the organization licensed to conduct gastf "No," explain	-	these states?		☐ Yes ☐ No
10a b	Were any of the organization's gaming lid	· ·	d or terminated during the	e tax year?	Yes No

Sche	dule G (Form 990 or 990-EZ) 2017					P	Page 3		
l 1	Does the organization conduct gaming	activities with nonmember	s [?]		Yes	□ No			
L2	Is the organization a grantor, beneficial formed to administer charitable gamin		member of a partnership or other entity		□Yes				
L3	Indicate the percentage of gaming acti	vity conducted in							
а	The organization's facility			13a			%		
b	An outside facility			13b			%		
14	Enter the name and address of the per	son who prepares the orga	nization's gaming/special events books and r	ecords					
	Name •								
	Address >								
.5a	Does the organization have a contract revenue?	with a third party from who	om the organization receives gaming		□Yes	□No			
b	If "Yes," enter the amount of gaming r amount of gaming revenue retained by			he					
С	If "Yes," enter name and address of the third party								
	Name ►								
	Address ▶								
L 6	Gaming manager information								
	Name ▶								
	Gaming manager compensation ► \$								
	Description of services provided ▶								
	☐ Director/officer	☐ Employee	☐ Independent contractor						
.7	Mandatory distributions								
а	Is the organization required under state retain the state gaming license?	e law to make charitable di	stributions from the gaming proceeds to		☐Yes	п.,			
ь	3 3	ired under state law distrib	uted to other exempt organizations or spent		∟ Yes	□ No			
	in the organization's own exempt activ								
Par			cions required by Part I, line 2b, column licable. Also provide any additional info				s).		
	Return Reference		Explanation						
			<u> </u>	lule G (F	orm 990 or	990-FZ) 2	2017		



Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Explanation Return Reference

Schedule I (Form 990) 2017

efil	e GRAPHIC pi	rint - DO NOT PROCESS As Fil	ed Dat	a -	DLN: 934	19320	4010	058
Schedule J (Form 990)		Compe	ensat	ion Information	40	1B No	1545-0	3047
		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.				2017		
•	tment of the Treasury al Revenue Service			I (Form 990) and its instructions i .gov/form990.	is at		to Pul ectio	
Nar	me of the organization	ation –			Employer identificat			
	LIC POLICY	THOTETOK			94-2528433			
Pa	rt I Questi	ons Regarding Compensation						
1a		opiate box(es) if the organization provide ection A, line 1a Complete Part III to pi					Yes	No
	☐ First-class	s or charter travel		Housing allowance or residence for	personal use			
	Travel for	companions		Payments for business use of person	nal residence			
	Tax idemi	nification and gross-up payments		Health or social club dues or initiation				
	☐ Discretion	nary spending account	Ш	Personal services (e g , maid, chauf	feur, chef)			
b		xes in line 1a are checked, did the orgar all of the expenses described above? If "			nent or reimbursement	1b		
2		ation require substantiation prior to reim			. 1-3	2		
	directors, truste	ees, officers, including the CEO/Executive	Directo	r, regarding the items checked in line	e la?			
3	organization's C	If any, of the following the filing organiz EO/Executive Director Check all that aged ad organization to establish compensatio	ply Do	not check any boxes for methods				
	✓ Compens	ation committee	✓	Written employment contract				İ
		ent compensation consultant	✓	Compensation survey or study				
	✓ Form 990	of other organizations	✓	Approval by the board or compensa	tion committee			
4	During the year related organiza	, did any person listed on Form 990, Pai ation	t VII, Se	ection A, line 1a, with respect to the fi	lling organization or a			
а	Receive a sever	ance payment or change-of-control pay	ment?			4a		No
b		r receive payment from, a supplemental		lified retirement plan?		4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?				4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and provid	e the app	plicable amounts for each item in Part	: III			
	Only 501(c)(3	s), 501(c)(4), and 501(c)(29) organi	zations	must complete lines 5-9.				
5	For persons liste	ed on Form 990, Part VII, Section A, line ontingent on the revenues of		•				
а	The organization	n?				5a		No
b	Any related orga	anization?				5b		No
	-	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section A, line ontingent on the net earnings of	· 1a, dıd	the organization pay or accrue any				
а	The organization	n?				6a		No
b	Any related orga					6b		No
_	•	6a or 6b, describe in Part III						
7	payments not d	ed on Form 990, Part VII, Section A, line escribed in lines 5 and 67 If "Yes," descr	ibe in Pa	ort III	d	7		No
8		ints reported on Form 990, Part VII, paid nitial contract exception described in Reg			escribe	8		No
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follow the re	buttable	presumption procedure described in	Regulations section	9		140
Ear I	Danarwark Badı	uction Act Notice, see the Instruction	oc for E	nem 000 Cat No 5	0053T Schedule 1	/Eorn	, 000)	2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title		(B) Breakdow	n of W-2 and/or 1099-MISC	ر د compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1 SALLY A STEGEMAN VICE PRESIDENT -	(i)	188,100	_ 0	0	0	11,900	200,000	0
DEVELOPME	(ii)	0	0	0	0	0	0	0
2 SARA C PIPES PRESIDENT & CEO	(i)	366,402	- 0	0	0	16,492	382,894	0
	(ii)	0	0	0	0	0	0	0
3 ROWENA ITCHON SENIOR VICE PRESIDENT	(i)	211,160	- 0	0	0	13,840	225,000	0
	(ii)	0	0	0	0	0	0	0
]				
		1						
		1		I				
		1						
	+	(·			,	

Schedule J (Form 990) 2017 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation

Schedule 1 (Form 990) 2017

efile GRAPH	l: 93493204010058						
SCHEDUL (Form 990 or EZ)	reasury	Complete to pr Form 990	ovide information for or 990-EZ or to prov ▶ Attach to Form ut Schedule O (Form	on to Form 990 or 990-EZ or responses to specific questions on vide any additional information. or 990 or 990-EZ. or 990 or 990-EZ) and its instructions is at ov/form990. OMB No 15: 2017 Open to Put Inspection			
Internal Revenue Se Name of the org PACIFIC RESEARCI PUBLIC POLICY 990 Schedul	H INSTITUTE	FOR plemental Information	on		Employer iden 94-2528433	tification number	
Return Reference				Explanation			
FORM 990, PART VI, SECTION B, LINE 11B	THE TAXPAYER'S ACCOUNTING FIRM FORWARDS THE FORM 990 TO THE TREASURER THE TREASURER THEN FORWARDS THE FORM 990TO THE BOARD MEMBERS FOR THEIR REVIEW PRIOR TO FILING THE FORM 990 B OARD MEMBERS ARE ENCOURAGED TO REVIEW THE FORM 990 AND TO FORWARD THEIR QUESTIONS TO THE TREASURER THE ACCOUNTING FIRM ADDRESSES ALL QUESTIONS FROM THE BOARD						

Return Explanation
Reference

LINE 12C

FORM 990, PART VI, SECTION B,

Return Explanation

Reference

FORM 990, PART VI, POSED OF BOARD MEMBERS WITH RELATED BUSINESS EXPERIENCE THE REPORT INCLUDES AN ANALYSIS O SECTION B, LINE 15 S. AND ANALYSIS OF HOURS SPENT WORKING, JOB RESPONSIBILITIES, YEARS OF EXPERIENCE AND LEVE

L OF EXPERTISE THE COMPENSATION COMMITTEE APPROVES THE ANNUAL COMPENSATION PACKAGE FOR PR ESENTATION AT THE ANNUAL MARCH BOARD MEETING FOR FULL APPROVAL BY THE ENTIRE VOTING BOARD

Return Explanation

LINE 19

FORM 990, PART VI, SECTION C.

Return Explanation
Reference

FORM 990,	CONSULTING FEES PROGRAM SERVICE EXPENSES 340,275 MANAGEMENT AND GENERAL EXPENSES 12,664
PART IX,	FUNDRAISING EXPENSES 99,479 TOTAL EXPENSES 452,418 BANK FEES PROGRAM SERVICE EXPENSES
LINE 11G	0 MANAGEMENT AND GENERAL EXPENSES 24,260 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 24,260